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Benefits of Turning the Disadvantaged into a Working Force:
a Bangladesh Experience

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BENEFITS OF TURNING THE DISADVANTAGED INTO A WORKING FORCE: A BANGLADESH EXPERIENCE

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1. One of the significant lessons learned from development efforts in the Third World during the 70s and 80s was that without pro-active involvement of women in the development process, no meaningful and sustainable improvement in the socio-economic condition of the people can be expected. Participation of women in nation-building activities not only has the direct benefit of value-added goods and services, but also has a built-in indirect contribution to their self-empowerment process in the context of their immediate families and the society they live in. Being exposed to out-of-home activities and coming in contact with the outside world, their expectations for a better life increase. This coupled with the enhanced self-esteem for being able to contribute usefully to the well being of their families and the society increases their status in the eyes of their family members as well as the community. They are increasingly allowed to take part in the family decision-making process.
2. This realization on the part of social scientists and policy planners found expression in increased flow of both government and donor's funding for women's development activities. "Empowerment of Women" became the catch-word of the day. Bangladesh is no exception. Beginning from the second half of the 70s, the country saw a number of development programs aimed at involving women in nation-building activities. Apart from government programs, the Grameen Bank, the Bangladesh Rural Advancement Committee (BRAC) and some other non-governmental organizations have been contributing usefully towards socio-cultural and economic upliftment of rural Bangladeshi women. However, these praise-worthy efforts have been inadequate in meeting the challenge. The female participation rate in economic activities has not yet reached 15 percent. The situation in rural areas is even worse.
3. Bangladesh's state affairs may be run by a woman prime minister, but the vast majority of its female population are constrained from participation in nation-building activities. This is particularly true for rural women. Disadvantaged as they are by illiteracy and ignorance as well as the shackles of poverty and cultural constraints, their expected role is getting married at an early age, bearing children and running the household affairs for the sake of sheer survival. Even in its population program, where women are expected to play a central role, the participation of women is minimal: they are viewed merely as passive recipients of services, and not as the ones who have the right to take decisions about their own reproductive behavior.
4. The Local Initiatives Program (LIP) of the Family Planning Management Development (FPMD) Project of Management Sciences for Health/USA represents one effort to forge a partnership between the Bangladesh government (BDG) and the community to achieve a decentralized and locally managed FP-MCH service delivery system at the grass-roots level. The

operational strategies of LIP include, among others, deployment of female community volunteers to assist the BDG-FP service providers (Family Welfare Assistants [FWAs]) with motivation and referral of clients, and delivery of follow-up doses of oral pills and condoms. On average, a FWA is assisted by 10-15 such volunteers for dispensing services to about 700-800 eligible couples. These volunteers-- mostly illiterate housewives-- are recruited by their own community elders and are provided with both basic and refresher training on the basics of family planning and adverse effects of over-population, health and nutrition education, sanitation, tree planting, and the like.

Domiciliary in nature, a total of over 33,000 female volunteers have so far been deployed by the LIP in around 100 *thanas* (sub-districts) of the country to increase accessibility of FP-MCH services and follow-up of clients for ensuring quality. Improbable though it may appear in the context of their poverty-stricken background, these volunteers have been rendering services without any remuneration. Their role as the "conduit" of information in the service delivery network at the people's level has increased the contact rate to 87% in the prior three months, as compared to the national average of 36% in the six months prior to the survey (DHS'93-94). The drop-out rate has decreased and the contraceptive prevalence rate in the LIP areas was found to be much higher (62%) than the national average (45%) as of December 1995. **[WHERE DOES THIS FIGURE COME FROM? FOR DEC. 1995?]**

5. The LIP experience with the female community volunteers aroused a lot of interest in both donor and government circles. LIP undertook assessments of the perceptions of the program managers and of the volunteers themselves to determine how they view the LIP's program activities and their role in implementing the activities. This presentation documents the findings of the two Focus Group Discussion (FGD) studies carried out to assess the perception and views of the BDG-FP program managers (1994) as well as the female community volunteers (1995) on the effectiveness of LIP approach in general, and of the volunteers' involvement in FP-MCH activities in particular, and to examine the impact of such involvement on the volunteers' personal/family situation and their social status.

6. The number of participants in the FGD for the BDG-FP program managers was 72, drawn from 8 purposively selected districts/thanas. Participants included 6 Deputy Directors of Family Planning, 7 Thana Nirbahi Officers (Administrators), 7 Thana Family Planning Officers, and 18 Union Parishad Chairmen and other officials/staff from thana and union levels. The participants were divided into 8 groups, each representing a thana team. The participants for the other FGD included 116 female volunteers from 10 unions, selected randomly from 86 LIP unions with more than three years of operational experience.

7. The BDG-FP program managers were unanimous in acknowledging the relevance and usefulness of services being rendered by the LIP female volunteers in strengthening the FP-MCH program activities. Their role in motivating people, ensuring regular service delivery, increasing contact with eligible couples and reducing drop-out rates was recognized by a majority of the participants. The participants were also of the opinion that as someone from within the community itself, a volunteer is more acceptable to the people. Some participants referred to the volunteers as "extension workers", while others identified them as the "communication builders". Almost half of the participants indicated that the volunteers are contributing "towards making the

rural society more open and less conservative".

8. Sustaining the interest and involvement of the volunteers was also discussed by the participants. While acknowledging the useful services that these volunteers are providing for the greater interest of the community, the discussion confirmed concerns expressed about all voluntary efforts, that some additional contribution may be necessary to ensure continued participation by these individuals. There was nearly universal agreement with the sentiment that involving the volunteers in some form of income generating activity would satisfy this concern. Some sort of financial support, including the retention of proceeds from the sale of contraceptives, was mentioned in most of the groups. However, provision of non-monetary inducements such as social honor, awarding prizes, and the establishment of an incentive system were also mentioned by many of the participants.

9. The FGD study with the volunteers revealed that the limited investment (in time and cost) in the training of LIP volunteers seems to have had a large benefit in terms of broadening their knowledge and understanding. This increased understanding was summed up by one volunteer who said: "Previously we were just leading a "jungle" (ignorant) life, without any ideas about the importance of less children and a small family for a better life". Many volunteers indicated changes in personal health and family planning behavior, indicating their own acceptance and internalization of lessons learned as well as the important fact that they are modeling appropriate health and family planning behavior in their communities. The programmatic contribution most often mentioned by the volunteers was their role in reducing the workload of the FWAs. Many of the participants also noted the important contribution that they make to greater knowledge and understanding as well as use of contraception. Their role in contributing to enhanced health status of the community was also mentioned by all groups; special note was made of assisting pregnant women to get appropriate care, as well as improved immunization coverage, breast feeding and nutrition practices in the community. One summarized this contribution by stating "we believe, in our areas the rates of birth and death have significantly decreased." Most of the groups also discussed the importance of the LIP program and the contribution of volunteers to the overall progress of the government's family planning program. A general comment by one respondent summarizes the contribution as follows: "Activities of the government (FP/MCH) program are expedited, progress is better, (the program) is more advanced." An enhanced social consciousness was an important theme in the discussions of the volunteers' contribution. One participant noted "now the social consciousness level is much better; people understand why they are poor and what they need to do to get rid of poverty."

10. The volunteers displayed a heightened sense that they are contributing to enhanced social service at the community level and that they were getting a great deal of satisfaction as well as improved status out of their participation in LIP. About the attitude of her husband, one volunteer had this to say : "Our family members are in favor of our involvement. My husband is also helping me, although he was completely against my participation in the initial days. Now he says, `Yes, you may go to work for the society. Since the Prime Minister (Begum Khaleda Zia) is a lady, I think you can do it, too". Another volunteer told of her father's initial objection to her participation in LIP saying "why should girls go out of the house to do these kinds of things?" Now, however, he has changed his attitude as a result of the daughter going to a meeting

(probably a political rally) at the district headquarters where she met with the sister of the Prime Minister and where she was presented with flowers as an honored guest. The father now says to any detractors: "No! no! it is good [that my daughter participates in LIP]. Now my daughter can go to places much higher than those to which I can go!"

11. The increased freedom to leave the house and move about the community are also a predominant theme in this regard. For example, one participant stated: "If we had not become part of LIP, we would have been passing time as housewives confined within our houses. We used to feel constraint from mixing with others." Others pointed out that the increased knowledge about health and family planning discussed above would not have been possible if the volunteers were still confined to their houses. One asked bluntly: "Do you think I could come here [for the FGD or to work for LIP] if my mother-in-law did not allow me to come?" Another volunteer told of her mother-in-law's supportive statement: "Bow [daughter-in-law], because of you I have learned many good things."

12. The discussions related to changed status in the community are reflective of traditional cultural expectations of women in Bangladeshi society and significant changes occurring among these women. For example, one volunteer reported that "all my neighbors, elderly persons in the community, Union Parishad chairman and members -- everybody now appreciate us. Even the [Islamic] religious leaders appreciate us." Changes in culture and social status are both noted in the following statement by one volunteer who said: "Do you think we could ever meet you [before]? Do you think the daughters and housewives of the countryside could ever sit on a chair in front of the gentlemen who come from the city? Now we can talk to the people who come from different parts of the country or come from abroad. We have reached a higher level [status] beyond where we ever were before."

13. An enhanced sense of status and empowerment among the LIP volunteers -- women who, as a class, have been so long abused, ignored and by-passed -- was all the while visible throughout the discussion. LIP appears to have created a powerful force in these volunteers who are making a major contribution to the national FP/MCH program, while at the same time revitalizing the lives of these individual women. In view of the useful services that these volunteers are rendering to the society, it would be worthwhile if concerted efforts are initiated to sustain this involvement by way of providing them with income generating opportunities along with skills development training, so that they can become economically more viable and self-sufficient.

References:

1. Ghani, Ahmedul and Huber, Sallie C. Focus Group Discussions on LIP Activities: Perception of the Program Managers and Community Leaders. Local Initiatives Program, Dhaka, March 1994.
2. Uddin, F. Huber, S.C and Ghani, Ahmedul. Volunteers' Perception on Their Roles in Family Planning Service Delivery. Local Initiatives Program, Dhaka, 1995.

3. Mitra S.N. et. al, Bangladesh Demographic and Health Survey, 1993-94. Mitra & Associates and Macro International NC.
4. Huq, Najmul. Microsurvey, 1993, Centre for Population and Development, Dhaka, 1993.
5. Sayeed, Abu. Annual Report, 1994 & 1995. Local Initiatives Program. Dhaka.